

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Friends of Judge Malcolm HarrisonAddress P.O. Box 1360, Raymond, MS 39154Telephone 601-953-4060

Fax _____

Treasurer Robert M. Everitt, Jr. Email _____☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- ☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,400 + \$ 1,795	\$ 6,195	\$ 26,870
Total amount of disbursements	\$ 5,977.50 + \$ 229	\$ 6,206.50	\$ 7,623.35
Total amount of cash on hand		\$ 19,246.65	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		05/13/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		05/09/10	\$2,500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Physicians	
		Aggregated year-to-date	\$2,500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		05/11/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		05/11/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	A. Moore	05/11/10	\$200.00
Mailing Address	1510 Pinehurst Plac		
City, State, Zip Code	Jackson, MS 39202		
Name of Employer (Required)	Baker Donelson		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	B. Moody	05/12/10	\$200.00
Mailing Address	122 Tracce Ridge Drive		
City, State, Zip Code	Ridgeland, MS 39157		
Name of Employer (Required)	Baker Donelson		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	D. F. Maron	05/11/10	\$200.00
Mailing Address	213 Kingsbridge Road		
City, State, Zip Code	Madison, MS 39110		
Name of Employer (Required)	Baker Donelson		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	W. Johnson	05/17/10	\$200.00
Mailing Address	1620 Belmont Street		
City, State, Zip Code	Jackson, MS 39202		
Name of Employer (Required)	Baker Donelson		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		05/05/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED DISBURSEMENTS

A. Full Name		Date	Amount of each disbursement this period
Political Insights		(Mo., Day, Year)	
Mailing Address	460 Briarwood Drive	05/03/10	\$3,675.00
City, State, Zip Code	Jackson, MS 39206		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$3,675.00
B. Full Name		Date	Amount of each disbursement this period
Flowers & Associates		(Mo., Day, Year)	
Mailing Address		05/31/10	\$802.50
City, State, Zip Code	Jackson, MS		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$802.50
C. Full Name		Date	Amount of each disbursement this period
Jackson Advocate		(Mo., Day, Year)	
Mailing Address		05/04/10	\$1,000.00
City, State, Zip Code	Jackson, MS		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$1,000.00
D. Full Name		Date	Amount of each disbursement this period
F. Smith		(Mo., Day, Year)	
Mailing Address	165 Camero Drive	05/04/10	\$500.00
City, State, Zip Code	Jackson, MS 39206		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$500.00
E. Full Name		Date	Amount of each disbursement this period
		(Mo., Day, Year)	
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	
F. Full Name		Date	Amount of each disbursement this period
		(Mo., Day, Year)	
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	